



**Neurology Soin & KHGM**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving and doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
<b>Membership</b>	To be eligible to apply for core privileges in adult neurology, the initial applicant must meet the following criteria
<b>Education/Training</b>	Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in neurology
<b>Certification</b>	Current certification or active participation in the examination process with achievement of certification within six years leading to certification in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate provision of neurological services, reflective of the scope of privileges requested, to at least 24 inpatients during the past 12 months <b>OR</b> Demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months
<b>Clinical Experience (Reappointment)</b>	Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges

## Core Privileges Neurology

**Description:** This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		<b>- Currently granted privileges</b>
		Admit, evaluate, diagnose, treat, and provide consultation to patients with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, including their coverings, blood vessels, and other effector tissue, such as muscle. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
		<b>Procedures</b> (This listing includes procedures typically performed by physicians in this specialty. Other procedures that are extensions of the same techniques and skills may also be performed.)
		Autonomic testing
		Lumbar puncture
		Perform history and physical exam

## Core Privileges Vascular Neurology

### Qualifications

<b>Membership</b>	To be eligible to apply for core privileges in vascular neurology, the initial applicant must meet the following criteria
<b>Education/Training</b>	Successful completion of an ACGME- or AOA-accredited residency in neurology or child neurology and successful completion of an ACGME-accredited fellowship in vascular neurology
<b>Certification</b>	Current certification or active participation in the examination process with achievement of certification within six years leading to subspecialty certification in vascular neurology by the American Board of Psychiatry and Neurology
<b>Clinical Experience (Initial)</b>	Applicants for initial appointment must be able to demonstrate performance of at least 25 vascular neurology procedures, reflective of the scope of privileges requested, during the past twelve (12) months  <p style="text-align: center;"><b>OR</b></p> Demonstrate successful completion of an ACGME- or AOAaccredited residency, clinical fellowship, or research in a clinical setting within the past 12 months
<b>Clinical Experience (Reappointment)</b>	Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Request		<i>Request all privileges listed below.</i>
<b>KHGM</b>	<b>SOIN</b>	Click <span style="background-color: #add8e6; padding: 2px;">shaded blue check box</span> to Request all privileges. Uncheck any privileges you do not want to request.
		<b>- Currently granted privileges</b>
		Admit, evaluate, diagnose, treat, and provide consultation to patients with selected neurological disorders involving the central nervous system due to ischemia or hemorrhage using a combination of clinical evaluation, imaging, interventional techniques, and medication. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
		<b>Procedures</b>
		Administering a rehabilitation program for stroke patients
		Consulting with other medical professionals in the overall care and management of stroke patients
		Emergency treatment of acute stroke including thrombolytic therapy
		Perform history and physical exam
		Use of medical therapies for stroke prevention
		Use of transcranial doppler and other ultrasound techniques in patient evaluation

## Clinical Neurophysiology Diagnostic Studies

### Qualifications

<b>Education/Training</b>	Successful completion of a postgraduate training program in which clinical neurophysiology was included, or subspecialty certification in clinical neurophysiology by the American Board of Psychiatry and Neurology
<b>Clinical Experience (Initial)</b>	Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 12 months
<b>Clinical Experience (Reappointment)</b>	Demonstrated current competence and evidence of the performance of clinical neurophysiology diagnostic studies in the past 24 months based on results of ongoing professional practice evaluation and outcomes

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Including but not limited to autonomic testing, EEG interpretation, somatosensory-evoked responses, auditory-evoked responses, continuous video EEG monitoring or operative monitoring for neurosurgery and orthopedic cases, and visual-evoked responses

### Special Non-Core Privileges

**Description:** If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Special Non-Core Privileges

### Fluoroscopy

**Description:** Must demonstrate competence--initial applicants must complete the online quiz; reapplicants must complete online quiz at least once then complete annual attestations thereafter

Request		<i>Request all privileges listed below.</i>
KHGM	SOIN	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Fluoroscopy

**Administration of Sedation and Analgesia (See Hospital Policy for Moderate Sedation)**

<b>Request</b>		<i>Request all privileges listed below.</i>
<b>KHGM</b>	<b>SOIN</b>	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
		<b>- Currently granted privileges</b>
		Administration of Sedation and Analgesia

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Greene Memorial and/or Soin Medical Center, and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Clinical Service Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date